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Substitute for Form PTO-875 Effective December 8, 2004								Application or Doctor Humber				
APPLICATION AS FILED - (Column 1)			ART ((Column 2)	——————————————————————————————————————	SMALL ENTITY			OR	OTHER THAN SMALL ENTITY			
FOR BASIC FEE	NUMBER F	rED	NUMBER EXTRA		RATE (FEE	(d)				-	
(37 CFR 1 16(0), (b), (c)) NVA SEARCH FEE			N/A		NA	150			RATE (
(37 CFR 1 18(N. (4), or (m))			N/A	7 1	NA	\$25			 	300,00	-	
(37 CFR 1 16(0). (p), or (q))	7 CFR 1 16(0). (p). or (q)) N/A		'N/A	-	NVA	 			NIA	\$500	_	
TOTAL CLAIMS (37 OFR 1 16(1)					*10		<u></u>	NIA		\$200		
INDEPENDENT CLAIMS	me	nus 20 « .	·		X\$ 25	•		OR	X\$50.		_	
(37 CFR 1 16(h))		nus 3	•		X100	- _			X200		_	
APPLICATION SIZE FEE (37 CFR 1 16(e)) If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) an			tion size fee due y) for each ion thereof See	-1.1							-	
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(1))					+180=			ł	+360=		-	
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL			_	TOTAL	1	-	
APPLICAT	ION AS AMEN	NDED - PAR	RT II								-	
(Column 1) (Column 2) (Column 3)					SMALL	ENTITY	c	NR.	OTHE	R THAN		
C REM	AIMS MINING	I NOMBER I TRESE			RATE (\$)		7	Γ		ENTITY	_	
AMEN Total	Total Minus "Za t. tici) Minus "Za t. tici)		HOUSLY EXTRA			ADDI- TIONAL FEE (S)			RATE (\$)	ADOI- TIONAL		
Independent DI CFR 1.18(1)					\$ 25 ₌		OR	7	(\$50 <u> </u>	FEE (5)		
AMENDMENT PREVIOUSLY PAID FOR Total (37 CFR 1.16(ii)) Independent (37 CFR 1.16(ii)) Application Size Fee (37 CFR 1.16(s))				┨┝	X100 _			×	200 _			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160)					180= .		OR	-	360=		l	
					TAL O'L FEE		OR	T	OTAL OO'L FEE			
. (Cotur		(Column 2	(Column 3)				₩					
CLA REMA AFT AMENO	INING . ER	HIGHEST HUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA	R	ATE (S)	ADDI- TIONAL		1	PATE (\$)	ADOI- TIONAL		
Total profe 1.16(t)	Minus	•• .	•	X	25	FEE (3)	1 .	1		FEE (5)		
Independent GTCFR 1.10(h)).	Minus	•	1.		00.		OR	_	50 .			
Application Size Fee (37 CFR 1.16(s))					-		OR ·	X2	00.			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(0))					80-		į į	-				
					80=		OR .	+3	160= ·			
If the entry in column 1 is I	ADD:	L FEE		OR	TOT ADD	AL L FEE	. 1.					

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For in 1915 SPACE is less than J, enter J.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

Its collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the SATO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, studing gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the complete in the complet Rating patietry, preparing, and submitting the compense appacation form to the USPTU. Time was vary departurely upon the intervious case. Any commence if the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Infermation Officer, U.S. Patent of Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS IORESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.